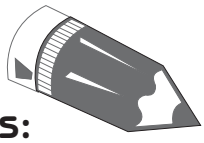

3 Parts:

1. Child and Family Teams
2. Training Tools
3: Tools for Organizing a SOC

North Carolina

System of Care

Resource Book

Tools from NC FACES

Part 1: C&F Teams

North Carolina System of Care

Resource Book

Tools from NC FACES

Child & Family Teams

In This Part

Acknowledgments

These materials are a product of:
The Exceptional Children's Assistance Center and
The NC Council of Community Programs
in collaboration with the NC Division of MH/DD/SA

We are grateful to the following NC FACES sites for their contributions to the System of Care Resource Book:

- Guilford System of Care
- Families and Children Together (FACT)
- FACES in Cleveland County
- Sandhills FACES

SOC-Net Site Contributors included:

- Smoky ONE System of Care
- OPC System of Care

About These Materials

This Resource Book includes System of Care materials developed by the SOC demonstration projects. The Resource Book is divided into three parts:

1. Child and Family Teams
2. Training Tools
3. Tools for Organizing

Forms that have the icon are available in a separate MSWord file called SOC RESOURCE FORMS that you can download and edit.

How to Use Part 1- Child and Family Teams

This section includes information, forms and samples of tools for use in child and family team development and planning. The materials offer a broad framework that can be used as a foundation for community practice.

Basic Components of Child and Family Team Planning

Overview of Child and Family Teams and Plans

SOC Implementation Checklist

Coordinator Responsibility Checklist

Coordinator's Planning Checklist

Building the Team

Forming a Child and Family Team

Questions to ask Prospective Team Members

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Building the Plan with Strengths

Focusing on Strengths

Ways to Categorize Family Strengths

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Crisis Planning Worksheet

Monitoring Plans

Engaging Families in Teams

Ensuring Family Participation

Building Parent Access, Voice and Ownership

Examples of Informal Resources and Supports

Example of Community Protocol for Child and Family Teams

System of Care Teamwork Protocol-Buncombe County

Forms that have the  icon are available in a separate MSWord file called FORMS that you can download and edit.

An Overview of Child and Family Teams and Plans

What does a Child and Family Team Do?

- The Child and Family Team (CFT) works to develop a detailed and highly individualized service plan with specific, achievable, strengths-based behaviors and treatment goals. This plan guides service delivery and coordinates the work of the various participants using a wraparound approach. This is a focus on what a child and/or family needs to succeed, not just what the "system" wants to offer.

The Child and Family Team:

- is built around the family so that each family's special needs are met;
- works to ensure that services are accessible to families and that they are offered at convenient times and locations;
- checks to make sure services are working and suggests changes when they are not working; and
- evaluates the outcomes of services delivered to ensure they succeeded in meeting projected outcomes.

Who is part of a Child and Family Team?

Each "team" is different so there is no set number of people on a CFT and the team changes, as necessary, over time based upon the issues of concern.

Child and Family Teams:

- require a parent/guardian's involvement;
- include the child (if the child is old enough);
- include a family advocate who serves as a guide and support for the family;
- are chosen by the family with help from a CFT Coordinator (a professional who could be a service provider/case manager from mental health, social services, juvenile justice, the courts, the education system, or a trained family support person or community volunteer, etc.);
- include an adult who can assist the family with communication needs, e.g., deaf or language interpretation if the child and/or the family needs such support; and
- include anyone who is important in the life of the child and family and anyone who knows the strengths and needs of the child and family including people who are part of the child's education, care, custody, or treatment and others who know the family and can lend support.

What is the aim of the Child and Family Team?

- Unconditional support to the child and family
- Increased collaboration among agencies and with parents with a constantly evolving team membership that changes as the family's needs change.
- Development of one Child and Family Plan (CFP) that bases its strategies on the family's strengths. The team, not the family, changes the plan when problems arise.
- Increased involvement of the family's informal resources and family supports in the planning and delivery of services and evaluation of plan outcomes.
- Inclusion of parents as full and necessary partners in the care of their children.
- Address immediate needs such as safety and crisis plans, as well as long term needs.

What is a Child and Family Plan?

A Child and Family Plan (CFP) (may also be known as a Person-Centered Plan [PCP]) is a coordinated service plan that lists in detail what is needed, what is expected, and who will do what. A Child and Family Plan/Person-Centered Plan:

- lists the people and agencies that will work with the child and family.
- spells out what people will do.
- Includes strategies to help family members communicate with team members on an ongoing basis if family needs deaf or other language interpretation support.
- includes and coordinates other related plans, such as a child's Individual Education Plan (IEP) and any existing court orders, etc.
- includes a Crisis Plan.

Crises will happen. The Crisis Plan spells out details such as who to contact, where the child should go, who will take charge and what backup services will be used to help the child and family. A crisis plan will also identify the triggers that typically set off the child's crisis behavior. Without a Crisis Plan, a child often ends up in an institution or residential placement when this could have been avoided.

Core Values - Child and Family Teams are:

- child-centered, family focused, and family driven;
- community-based; and
- culturally competent and responsive.

Principles - Child and Family Teams provide for:

- family participation in ALL aspects of planning, service delivery, and evaluation.
- individualized service planning driven by strengths and needs.
- planning and service coordination or case management of comprehensive, integrated services across the child-serving systems and into the adult service system.
- a family's communication needs if a child and/or parent or guardian needs deaf or language interpretation.
- services in the least restrictive environment.
- prevention, early identification and intervention.
- human rights protection and advocacy.
- nondiscrimination in access to services.

Child and Family Teams are convened to elicit:

- strengths
- needs
- goals
- services
- commitment

The Child and Family Team includes:

- the child (whenever possible);
- the family (CFT membership is determined jointly with the family);
- service providers currently serving the family;
- potential service providers; and.
- informal, as well as formal, support services (friends, relatives, neighbors, basketball coach, pastor, etc.).

SOC Implementation Checklist

Experience in some communities has demonstrated that there are a few common-sense requirements for implementing the SOC process. The following list describes some of the requirements.

❒ Local Collaborative

Child-serving agencies, schools, the business community, cultural leaders, neighborhood leaders, clergy advocates, law enforcement, and others should be recruited to participate on a community collaborative to oversee the SOC process. Multi-county communities may need a collaborative for each county and one regional collaborative. An effective System of Care blends formal and informal resources, and the collaborative should reflect this blend.

❒ Child and Family Team Coordinators

Team Coordinators are crucial to the success of the process. Team Coordinators are specialists in managing the local System of Care. They facilitate the Child and family Team meeting to ensure a person-centered planning process. The best Coordinators are those with flexible, open views about what children and families need and how those needs can be met.

❒ Strength Assessments

The Team Coordinator does a thorough strengths discovery with the referred child and family to identify the strengths, values, preferences, cultural identity, and norms of the child and family. The SOC process cannot be done without this step.

❒ Individual Child and Family Teams

The Coordinator works with the child and family to identify four to ten people (in addition to the child and family) who know the family best and who will agree to participate on a Team. Ideally, a team should be balanced with no more than 50% of the team being comprised of professionals.

❒ Coordinated Service Plans

Child and Family Teams produce person-centered plans that are based on the discovered strengths, values and preferences of the family. The plan focuses on normalization and reframing problems as needs. A well-balanced plan always blends formal and informal resources. Service plans often include services provided by mental health, education, social services, etc., but also individualized resources within each family's community. The professionals on the team help locate, recruit, and organize the informal resources.

❒ Crisis Plans

A crisis plan is produced by the CFT. The crisis plan is intended to help prevent crises, deal with crisis as they occur, and ensure the safety of the child and/or other family members in the event of a crisis.

❒ Outcome Indicators

Outcome data for the child and his/her family are collected as the plans are evaluated and for the system from Quality Improvement processes. The coutcomes are analyzed to determine what works and what doesn't. Changes in the local SOC development are made based on the results. Without outcomes, the SOC process is just one more fad.

❒ Quality Reviews

The local Collaborative reviews outcomes and begins to modify the System of Care to better meet the needs of children and families. The Collaborative can establish a committee to review Child and Family Team plans and look at the outcomes. This committee should view its role as supportive. A review subcommittee does not change plans. Rather, if reviewers do not approve the plan, it is sent back to the Child and Family Team for revision then re-submitted for approval.

❒ Willingness to cross agency boundaries

Planning, services, and supports must cross traditional agency boundaries to enable multi-agency involvement, collaboration, and flexible funding.

Coordinator Responsibilities Checklist

This is a general list of Coordinator responsibilities. Responsibilities vary from one community to another. These basic responsibilities are representative of common practices.

Task	What You Do	Notes
❒ **Meet the child and family.** (ASAP after assigned)	Explain the System of Care and how it benefits children and families.	
❒ **Help the family identify strengths.** **(before first CFT meeting)**	Conduct a strength assessment. Coordinators must know several techniques to help families identify strengths.	
❒ **Prepare the family for the first CFT meeting.** **(before first mtg.)**	Help the family select CFT members and reviews meeting steps.	
❒ **Arrange CFT meetings.** **(within first 30 days)**	Contact Team members, set a meeting place and time, and make sure everyone knows the purpose of the meeting. Prior to the meeting, develop a formal agenda based on the planning steps. Get signed confidentiality statements before or at the meeting.	
❒ **Develop person-centered plans based on strengths and family needs.** **(within first 30 days)**	Develop service and crisis plans, making sure that families take part in all discussions and decisions. Ensure that the family's voice is heard.	
❒ **Get action commitments.** **(part of planning process)**	Work with CFT members to identify a range of services and supports, figure out who will do what, and make specific service assignments.	
❒ **Oversee the written plan.** **(tx. plan review ongoing; crisis plan review at least every 6 months)**	Make sure team members get copies of the Plan, that the Plan is being carried out as planned, and get approval and signatures when the Plan is changed.	
❒ **Communicate with Child & Family and other Team members.** **(ongoing)**	This is an ongoing responsibility to make sure that Team members have input and remain informed.	
❒ **Evaluate and modify.** **(ongoing)**	Work with the Team to evaluate success of the plan and to troubleshoot any problems and make changes as needed.	
❒ **Monitor outcomes and collect data.** **(ongoing)**	Monitor to ensure that services and supports are having the desired results. Fulfill documentation and data collection requirements .	

Coordinator's Planning Checklist

Before the Meeting

- ❒ read referral information or other relevant background information
- ❒ meet the child and family
- ❒ conduct a strengths inventory
- ❒ create a preliminary meeting agenda with the child and family
- ❒ decide with the child and family who needs to participate in the meeting
- ❒ establish a workable meeting time and place
- ❒ arrange to meet family's special communication needs (e.g., an interpreter)
- ❒ contact and invite members of the team to participate
- ❒ tell team members why they are needed at the meeting and ask them for advice about the most important life domains to focus attention
- ❒ anticipate potential problems for the meeting and prepare your response
- ❒ prepare flipchart to include meeting agenda and summary of strengths

During a Meeting

- ❒ create a friendly environment and encourage everyone's participation
- ❒ explain rules of confidentiality and get forms signed, if necessary
- ❒ explain meeting ground rules and give an overview of the agenda
- ❒ summarize and modify the strengths inventory
- ❒ set *normalized* goals for one life domain
- ❒ help the team identify and prioritize needs that are barriers to the goal(s)
- ❒ help the team identify strength-based strategies to meet the needs
- ❒ list assignments for completing strategies and get commitments from team members
- ❒ create back-up strategies for any strategy that the family thinks might break down
- ❒ create a crisis plan
- ❒ repeat the planning steps for additional life domains if time and circumstance allow
- ❒ set time for the next meeting and evaluate the meeting process

After a Meeting

- ❒ write the plan on the project planning form
- ❒ send or deliver copies of the plan to team members
- ❒ monitor progress by communicating with team members
- ❒ assess the need to reconvene the team or to modify the plan

Forming a Child and Family Team

Team Membership

A Child and Family Team (CFT) is built around each child and family to meet their unique needs. A strong team has a mix of family members, friends, community members and service providers with family, friends and community members making up at least half of the team.

Members of a Child and Family Team include:

- the child's family
- family advocates
- local agency service providers including, but not limited to, those involved with the child's care, custody, education and treatment
- the child, if age-appropriate (i.e., usually 10 years or older)
- other individuals significant in the child's life

Team Size

There is not a set number of people on a CFT. Most Teams have about 6 to 10 people, but teams can be larger or smaller depending on what the family wants or needs. Team membership can change over time – members leave when their help is no longer needed and new members are added to address different needs.

Helping Families Become Full Partners

One of the Coordinator roles is to help families become full partners and to ensure that families have input in every step of the CFT process. Some families come into the process with lots of experience and are comfortable speaking up at meetings. Families with less experience may need coaching to help them become fully involved.

Helping Families Select Team Members

Following are questions you can ask families to help them think about who should be on their CFT.

Questions a Coordinator Might Use to Help Families Identify Team Members

- **When _____happened, who was the first person you called?**
- **Was there a professional you worked with whom you felt really helped? Would that person be someone you want on the team?**
- **Do you belong to a religious group? Have you ever? Would you want some help in order to reconnect with that community?**
- **You have obviously been able to cope with this situation for a long time. Who have you relied on for help and support?**
- **Who at your child's school do you rely on for help? What have they done that has been most helpful?**
- **Does your son or daughter have any friends to whom he/she listens? Could that person be on the team?**
- **Does your child turn to the parents of any friends for advice and would they be helpful?**
- **Are there professionals (medical, mental health, etc.) you would like to have on the team because of their expertise? Who?**

Team Duties: Assess, Plan, Deliver, Monitor

Assess
Members of the Child and Family Team provide a multi-agency assessment which addresses the status of mental health, health, education, and other basic needs of the child and his/her family.

Plan
The findings and recommendations of the assessment, along with input from the family and other Team members, are the basis for a comprehensive Child and Family Plan.

Deliver and Monitor Services
The Team participates in service delivery and monitors and modifies services needed to address each child and family's needs.

The Coordinator is Selected

The Coordinator is selected/negotiated within the CFT. In many cases, the Coordinator is the assigned mental health case manager. However, the Coordinator can be a service provider from another participating agency. Usually the person who has the greatest involvement with the child and family and is authorized to serve as a case manager is the one selected to be the coordinator. (Depending on how your local SOC is designed, a trained family advocate or community volunteer could be the coordinator.)

Coordinator Duties

The Coordinator is responsible for organizing and managing the coordination of each CFT to develop a plan and deliver services. The Coordinator also arranges and facilitates CFT meetings. If any member is unable to attend a particular team meeting, the Coordinator gets a report from that member and presents the information to the Team. The Coordinator also communicates any changes in the plan to absent team members.

Requesting Meetings

Any team member can request a CFT meeting. In the case of an emergency or crisis, the family or another team member can ask for an emergency meeting. Any team member who cannot attend a meeting is consulted and gives input by phone if possible.

Developing and Maintaining Plans

The findings and recommendations of the multidisciplinary assessment, along with input from CFT members, are the basis for a comprehensive Child and Family Plan. The Child and Family Plan (CFP) should reflect the unique contributions of each agency, service provider, and other team participants.

The Child and Family Plan is agreed upon and signed by the team and reflects a common and consistent purpose within and between agencies and family members. The Coordinator maintains the written Child and Family Plan and gets signatures of approval and agreement for the original plan and any subsequent revisions. The coordinator also makes sure that the family and each of the other CFT members get copies of the plan. Changes in the overall plan are addressed through the ongoing Child and Family Team process.

Questions Parents Can Ask Prospective Team Members

Parents often ask, "Who should be on the Team?" Below are some questions parents might consider to help them select qualified Child and Family Team members.

- What special training or skills do you have that will be useful for my team?
- Have you written service plans like this before?
- How do you think you can help my child and family?
- Have you helped other children and families like mine?
- What do you think are your strengths in developing and carrying out plans?
- Are you an advocate for children and families?
- What age children do you work with best?
- What is one thing you really like about my child or family?

Contact Sheet

Use this contact sheet with families to start a list of potential Team members, or use it at a CFT meeting to identify new team members who may be needed now or later.

Potential Team Member		Relationship to Family	

Focusing on Strengths

Focusing on Strengths Changes the Entire Service System.....

A strength-based orientation represents a significant shift in the way service providers view and serve families. For the past fifty years, professionals have been taught and reinforced for identifying problems and offering solutions – building a problem-focused approach. Gradually, more and more human service providers are making the shift to a strength-based orientation. The family strengths approach encourages service providers and entire service systems to support and reinforce family functioning rather than focusing on individual or family deficits.

Systems that shift from a deficit-based to a strength-based orientation communicate the following attitudes and beliefs:

1. All families have strengths. Their strengths are unique and depend on the family's beliefs, cultural background, ethnicity, socioeconomic background, etc.

2. The absence of particular competencies within families or individuals should not be seen as a failure or inadequacy on the part of the family or individual. Sometimes the formal or informal human service system fails to promote opportunities for a family to display or learn competencies they need.

3. Families with problems are not "broken" and "needing to be fixed." A strength-based orientation means that families are approached in ways that focus and build on the positive aspects of functioning. Providers not only accept but highly value individual differences among families and family members.

4. The goal of intervention is not "doing for people." The goal is to work with families as partners in order to help them become less dependent on agencies. This means that professionals are not viewed as experts who are expected to solve a family's problems.

Ways to Categorize Family Strengths

A strength-based orientation requires that people consider strengths in broader categories than they may have previously considered.

1. **ATTITUDES AND VALUES:** These are beliefs that characterize each family. They may include the family's expectations for the future and values that the family teaches its children. There are many examples of family attitudes and values that can be identified as strengths. Some examples are:

    - A respect for the privacy of others.
    - A strong sense of rituals and traditions.
    - A concern for family unity and loyalty.
    - A sense of shared responsibility.

2. **SKILLS AND ABILITIES:** Families' skills and abilities can include "hard" competencies related to the job market or educational goals and "soft" skills related to the families' communication styles. Examples of "hard" skills and abilities can include hobbies and interests such as wood working or auto mechanics. "Soft" skills could include a family's interest in playing together, a family's maintenance of positive rituals, or a family's ability to plan ahead.

3. **ATTRIBUTES:** These are descriptive statements that can be made about how family members interact with each other. Some examples of family attributes are:

- Ability to express appreciation for small and large things that family members do well.
- Effort to spend time and do things together.
- Communication with one another that emphasizes positive interactions among family members.
- Willingness and ability to solve problems together.

4. **PREFERENCES:** Lists of family preferences can include items as mundane as basic likes and dislikes about food, clothing, entertainment, etc. Preferences also can include detailed statements about how a family prefers to have services delivered. Listing family preferences can maximize the voice and choice a family has in subsequent service planning and delivery. Identifying family preferences can build a basis for eventually matching existing family strengths to needs and goals.

Facilitating the CFT Meeting

Please note that the steps to run a Child and Family Team (CFT) meeting and develop a plan are not written in stone. There are many ways to run a meeting that accomplishes the goal of developing a strength-based plan based on a particular family's strengths and needs. The following basic steps suggest a sequence you might choose to follow because it ensures that the plan will focus on strengths and goals the family thinks are most important. A detailed explanation of the meeting steps follows.

Basic Steps Before, During and After

Do steps 1 and 2 before the first CFT meeting.

Do steps 3 through 9 at the meeting.

Do step 10 as follow-up after the meeting.

1. **Meet child and family**
2. **Build strengths inventory**
3. **Convene Child and Family Team (see note below)**
4. **Set goals**
5. **Identify needs**
6. **Prioritize needs**
7. **Develop strategies**
8. **Create a crisis plan**
9. **Get action commitments and plan follow up**
10. **Monitor, evaluate and modify**

meeting/planning

Note for Step 3: Contact team members to coordinate date, time, and place and set an agenda.

Steps of the First Meeting – Short Form

Below is a short form of the steps of a typical first CFT meeting. This may be handy to use with parents and other newcomers to give them a quick overview of the meeting steps. Consider posting steps (these or your own) on the wall to help people stay on track during the meeting.

Step 1. **Meet the team**

Step 2. **Talk about the family's strengths**

Step 3. **Talk about the family's goals**

Step 5. **List and prioritize needs**

Step 6. **Develop strategies for each identified need.**

Step 7. **Develop a crisis plan**

Step 8. **Make assignments**

Step 9. **Set up the next meeting**

Meeting Steps in Greater Detail

1. Meet the child and family (before the first CFT meeting)

- explain the local system of care process
- listen to concerns
- stabilize the situation
- build trust

2. Assess strengths (assess with the family before the meeting; the team will add more during the meeting)

- understand the family's history
- find out what has worked in the past
- identify strengths for both the child and family
- identify potential supports (formal and informal)
- learn family preferences

3. Convene the CFT

- Work with families to decide who should be on the team and to develop an agenda.
- If the family has specific communication needs, e.g., needs a deaf interpreter or a language interpreter, make arrangements accordingly.
- Identify and recruit informal resource people who know the child and family.
- Prepare the child and family for the meeting. (Go over the agenda and describe what will happen.)
- Communicate purpose, time, agenda, ground rules, etc. to team members.

4. Set Goals

- Define "doing all-right" (This step helps everyone visualize desired outcomes.)

  Futuring: "How do you want things to be a year from now?"

  Normalization: "A typical child your child's age… (acts, does, needs)"

- Talk about Desired Outcomes

  a vision of the family's desired outcomes which all team member's can endorse

  two to five clear outcome statements

- prioritize list of outcome statements to identify areas for initial team efforts

5. Identify Needs (what needs to happen in order to achieve goals)

- Develop an open-ended list that emphasizes the child's and parents' voices
- Sort needs by domains (see a list of domains in these materials)
- Distinguish family, child, and system needs
- Differentiate needs (why) from services (how).

6. Prioritize Needs

- Purpose

  identify one or two critical needs in each life domain

  build consensus for selecting strategies

- Methods

  ask the family

  have the team vote (families get extra votes to guarantee their influence)

7. Develop Strategies

- Brainstorm (see brainstorming steps in these materials)

  look at strengths inventory

  brainstorm strategies that utilize family strengths (be creative)

- Check

  make sure strategies are linked to needs, not to services

  make sure prioritized needs are addressed

  make sure strategies are matched to family strengths

  try to use 50% informal supports

8. Create a Crisis Plan

- Establish who to call and what to do in a crisis situation
- Identify "safe places" to calm down
- Develop protocols for formal agency intervention
- Include proactive steps, e.g., identify known emotional triggers for the child and include strategies for helping the child manage responses to each trigger.

9. Get Commitment and Plan Follow Up

- Distribute Tasks and Responsibilities

  determine who will do what when

  decide how services will be paid for

strive for a spirit of *volunteerism* and balance

include family members as full partners

encourage professionals to be flexible in their roles

- **Establish Accountability**

  timeline

  schedule for next meeting

10. Evaluate

- **Satisfaction**

  access, voice, and ownership

  utility, relevance, and practicality of the plan "Do you think this will help?"

- **Process**

  effectiveness of decision making

  comprehensiveness and completeness

  professionals flexible in their roles

- **Outcomes**

  action and results

  movement toward safety and independence

- **Fiscal Issues**

  balanced use of formal and informal resources

11. Monitor

- **Oversee**

  observe and interview to ensure that services continue to have desired results

- **Collect data**

  fulfill documentation and data collection requirements

Domains

It may be helpful to prepare a list of domains on a flipchart to display at CFT planning meetings. Cards with domains written on them can be a handy tool to help structure the goal setting part of a meeting.

Note: These domains are consistent with the expectations of Medicaid.

Educational/Vocational

how, where, and what of the child's schooling or job training

Health

physical well-being (or illness) including medical and dental needs

Emotional/Behavioral

how the child acts and feels and how he gets along with others

Legal

related to laws, rights, probation and custody

Residential

living arrangements – where and with whom the child lives

Social

related to relationships and activities with others

Religious/Spiritual

involvement in religious or other similar support networks

Safety

protection from harm to self or others

Substance Abuse (if applicable)

family history, type, treatment, duration, last use

A Summary of Meeting Steps

This is a brief summary of meeting steps including some notes gathered from people who have run CFT meetings.

STEPS	NOTES
Step 1: Introduce the Team The Coordinator asks people to introduce themselves by describing their relationship to the child. The Coordinator goes over meeting ground rules and confidentiality expectations.	*Child and Family Teams should include only people who know the child or family.* *Introductions should be very brief.*
Step 2: Review the Strengths Inventory The Team Coordinator reviews the initial strengths discovery that has taken place prior to the meeting. Participants are encouraged to suggest additional strengths.	*The review of strengths starts the meeting on a positive note. Remind participants that the detailed list of strengths will be used to create helpful strategies later in the meeting.*
Step 3: Review the Current Situation. Team members comment about the current situation. The focus is on current circumstances of which team members may need to be aware.	*Ask people to be brief and to stay focused on the present situation; not give a long oral history.*
Step 4: Set and Prioritize Goals The Coordinator leads the team in a discussion about goals for the child and family. Goals are stated and recorded on a flipchart in ordinary language that makes sense to family members. The Team prioritizes goals to focus the meeting on no more than three or four goals that are meaningful to the child and family.	*The Coordinator may start by asking the team to consider an important area of the child and family's life such as home, school, safety, behavior, family, etc. Then the Coordinator asks the team to visualize desired outcomes for the child and family. For example: "How do you want things to be a year from now?" Or asks the team to think about another child of similar age, neighborhood, culture, etc. who is "doing okay," then describe what "okay" looks like. This objective description of "okay" will suggest goals for the child and family.*
Step 5: Identify and Prioritize Needs The Coordinator focuses the Team on *one goal at a time* and leads a discussion about what will need to happen for the goal to be achieved. If the list of needs is long, the Team prioritizes the most urgent needs.	*It is helpful to keep asking the question, "What needs to happen in order for this child to achieve this goal?"*

STEPS	NOTES
Step 6: Identify Strategies The Coordinator asks the team to suggest strategies that can help meet each need that has been listed. The Coordinator refers the Team back to the strengths inventory to stimulate ideas for strategies that may have the best chance of working.	*Thinking of effective strategies takes a lot of creativity. Coordinators should encourage team members to think "outside the box" and to use informal resources that are often overlooked.* *Strategies should be related to strengths of the child, family, or local community. If someone suggests a strategy that is not directly related to a strength, the Coordinator might ask, "Is there anything in the strengths inventory or any other evidence to suggest this strategy will work?"*
Step 7: Obtain Action Commitments Individuals volunteer or are assigned tasks related to each strategy. The Coordinator will focus on other goals and repeat Steps 4 through 7 as time and circumstances allow. Team members sign off on the plan.	*All Team members should come to the meeting with an understanding that they will be asked to take on some tasks.*
Step 8: Develop a Crisis Plan The Coordinator asks the Team to focus on developing a plan if the child begins to regress or if there's the possibility that the child may harm her/himself or others. Or if the child is danger of bring harmed.	*See the section on Crisis Plans in these materials. Note: Crisis plans are a requirement in the Performance Agreement.*
Step 9: Develop Back-up Strategies The Coordinator will ask the team to consider what will happen if the plan does not work. A back-up plan is created. The team identifies strategies to try if the plan does not work.	*Team needs to focus on a back-up strategies only for goals that are likely to be a potential challenge for the child and family. Do not create a whole new plan.*
Step 10: Establish Closure The Coordinator will review plans and set future meeting time if appropriate.	*It helps to already know people's standing obligations and to ask team members to bring their scheduling calendars.*

Strategies for Running Effective Meetings

Boomerang

Just like in Australia – return a question to the person who asked it or ask the whole team. Keeps the facilitator from assuming responsibility for team issues/questions.

"What do you suggest we should be doing?"

Maintain/regain focus

Making sure the team is working on the same issue, at the same time, using the same process.

"I don't think we're focused on identifying problems. Can we get back to identifying problems that have come up since the last team meeting?"

"Remember the ground rule, one person speak at a time, Joe, you were first, then Sally."

Say what is going on

Naming what is going on, saying when something isn't working.

"It seems only Joe and Sally are bringing up ideas, what's going on?"

Suggest ways to avoid process battles

There are usually a variety of ways for a team to deal with issues and reach agreement. Point out that a number of approaches will work and get agreement to use one. Remind the team there are rarely "right" or "wrong" ways to proceed.

"We can agree to cover both issues in our allotted time, if we allow 10 minutes per issue. Is that okay, which do you want to begin with?"

Enforce process agreements

Remind the team of a previous agreement

"We agreed to update with new information first, and it sounds like we're brainstorming ideas. Can you hold onto that idea, and let's get back to the update."

Use body language

Reinforce your words with congruent body language.

Ask for suggestions with open body language, palms open, arms unfolded.

Use humor/use stories

Make a joke to relieve tension. Be sensitive not to joke at someone else's expense. Stories can be helpful to make a point – be sure the stories are short and outcome-oriented. Be aware you may be unleashing war stories and jokes. Use cautiously!

Protect others from personal attack

Intervening to stop someone "railroading" the meeting.

"Joe, you've interrupted Jane several times. I'd like to hear Jane's point and I'd like to hear your points. Please Jane, continue." (Reinforce with your body language).

Use time to your advantage

It is always okay to take a break. It changes the playing field for a short time, helps to relieve tension, lets people physically "alter" themselves.

Use your time constraints effectively. The heart of issues sometimes surface toward the end of meetings. Remind members of the time frame.

Model openness

Arguing back when given feedback may only escalate the issue. Accept the negative feedback and boomerang the issue back to the team member or the team as a whole.

"Joe, it sounds like you think I'm pushing too hard on this point. Thanks for telling me. How do you suggest we proceed?"

Adapted from: Doyle & Straus, Making Meetings Work.

Developed by JF Consulting, Mars Hill, NC (828) 689 – 9416.
10/00

Crisis Plans

Sometimes, in spite of everyone's best efforts, problems arise that need immediate attention. A crisis plan is an action plan that tells everyone how to avoid a crisis and how to manage crisis situations. If safety is an issue, a crisis plan includes strategies for keeping the child and his/her family safe. It includes details about who to contact, who will take charge, which backup services will be used, and how to respond to dangerous, out-of-control or life-threatening situations. Such plans help everyone respond effectively and make it possible for life to return to normal as quickly as possible.

Understanding Crisis

A crisis involves a period of disequilibrium which can be distressing, but can also provide an opportunity for growth and change as the child and family use problem-solving activities to reestablish equilibrium. Crisis intervention involves understanding the nature of the crisis and intervening for positive change.

Factors That Impact Crisis

In helping the family assess their situation, the Coordinator should be aware of factors that might affect crisis management and resolution. Intervening in any of these areas can change the outcome and may avoid a crisis altogether.

Factors that may affect the family's equilibrium include:

- family members' perception of the stressful event
- the adequacy of available resources and supports
- the effectiveness of family coping mechanisms

Identifying Potential Crisis Situations

The Coordinator should try to discover crisis information from the family's perspective and plan ways to minimize or avoid a crisis. The crisis information you will want to gather includes:

- the nature of the crisis (past or present)
- the underlying causes/emotional triggers for the child/youth
- expectations for crisis assistance or response
- issues or problems that affect the family's attitude about crisis

Questions The Team Should Ask about Crisis

Coordinators can ask the following questions to help families and Team members anticipate crisis situations and create a suitable Crisis Response Plan.

- **What usually triggers the crisis?**
- **What are some of the warning signs or cues and clues that a crisis is about to occur?**
- **What can the family do to divert a potential crisis?**
- **What support can we arrange that would help to divert the crisis?**
- **What will the family and other Team members do if the crisis occurs?**
- **Who will the family call for support?**
- **What other agencies are likely to be involved?**

Contents of a Crisis Plan

An initial crisis plan can be a stand-alone plan or incorporated into the Child and family Plan and is developed along with the larger service plan. In most respects, a crisis plan is like other intervention plans, but has the primary goal to "intervene quickly to restore safety and order."

A crisis plan will include the following information:

- **current diagnosis**
- **current medications**
- **description of target risk behaviors**
- **description of the triggers, cues and clues that are known to set off those behaviors**
- **description of proactive crisis prevention strategies (ways to divert a crisis)**
- **description of specific crisis interventions, beginning with the least restrictive steps.**
- **description of stabilization and support strategies**
- **a list of names and contact information of people involved in carrying out the crisis plan**
- **strategies for debriefing after the crisis**

Crisis Planning Worksheet Questions

1. What is the situation that the team is most concerned about for the child and family in regard to safety and the ability to remain in the current living environment?

- Has the child been hospitalized before?
- Does the child run away?
- Is the child suspended from school regularly?
- Has the child had multiple residential placements and little stability?
- Does the child periodically stop taking medication that is critical to ensuring stability?
- Are there dangers within the home that need to be addressed?

2. What are some of the clues or cues that this may happen?

- In the past, what different signs did team members notice about the child just before a crisis occurred?
- What were the observable, noticeable differences in the child when under stress or before a crisis occurred?
- Does the child have difficulty handling transitions?
- What specific details can the team list that everyone will notice when something is changing for the child early on?
- How do things look for the child when they are going well versus how they look before a crisis occurs?

3. What steps can be taken to avoid the crisis? Who will be involved?

- Specifically, and in writing, who will be called at what number to do exactly what if or when early signs that may lead to a crisis are observed?
- How can the child's strengths be tied into the diversion/proactive response of the team?
- Will designating "safe places" help in the plan?
- Are there specific people that the child responds to best when upset?

4. What steps can we take if the crisis occurs? (least restrictive to most restrictive) Identify persons and places that are calming.

- Specifically, and in writing, who will be called at what number to do what if the identified crisis occurs?
- What is the first and least restrictive intervention for the child?
- If the first intervention does not work, what are the written progressive interventions?
- Are there "safe places" the child can go to before implementing restrictive interventions?
- What are possible interventions that can de-escalate the crisis?
- If restrictive interventions must occur (for example, calling the police or admitting to a hospital) how will the team update the crisis plan to try to prevent another crisis?

Crisis Planning Worksheet

1. What is the situation that the team is most concerned about for the child and family in regard to safety and the ability to remain in the current living environment?

_____

_____

_____

_____

2. What are some of the clues or cues that this may happen?

_____

_____

_____

_____

3. What steps can be taken to avoid the crisis? Who will be involved?

_____

_____

_____

_____

4. What steps can we take if the crisis occurs? (least restrictive to most restrictive) Identify persons and places that are calming.

_____

_____

_____

_____

_____

Monitoring Plans

Service monitoring is an ongoing Coordinator responsibility that helps the CFT assess service effectiveness and make adjustments as needed. Keeping an eye on service delivery is especially important and challenging in a System of Care treatment approach that attempts to provide a wide array of services.

Five Purposes of Monitoring

Monitoring helps Child and Family Teams:

1. determine how well the service plan is being implemented.
2. determine the degree to which goals/objectives are achieved.
3. track service and support outcomes.
4. identify new or emerging needs.
5. gather feedback from people served (interviews and questionnaires).

Following are some questions to help guide service monitoring.

Service Monitoring Questions

Appropriateness

- **Are the services meeting the stated needs and building on strengths?**
- **Are the services meeting needs effectively and efficiently? Gaps?**
- **Are the services helping the family achieve its goals?**
- **Are the services addressing cultural differences?**

Timeliness

- **Are the services being delivered when they are needed?**
- **Are the services regular and consistent?**
- **Can some services respond immediately in a crisis situation?**

Adequacy

- **Are services well-documented?**
- **Are there enough services?**
- **Are services as intensive as need be?**
- **Is the family situation improving?**
- **Is the family satisfied?**

Sample Contact Record Form

A comprehensive System of Care plan may involve many formal and informal services. Keeping track of them all can be a challenge. Most agencies have their own progress note and contact log forms, but people providing informal services in the community often do not have such forms. Below is a sample contact form that you can use or adapt for local community providers.

Date _____

date (month, day and year) the service was provided

Service Delivered To: _____

name of person receiving services

Reason for the Contact **(state the purpose of the contact)**

_____

_____

Intervention or Activity **(describe what you did)**

_____

_____

Time Spent _____

duration of the intervention or activity (hours and minutes)

Effectiveness **(comment about the general value of the intervention or activity)**

_____

_____

Signature/Date **(signature of the service provider, job title or relationship and date)**

_____

Ensuring Family Participation

The following comments and ideas about ensuring full parent involvement in the planning process are gathered from PEN-PAL, FACES, and NC SOC grant sites.

What Worked to Get and Keep Parents Involved?

- Formalizing family involvement by building infrastructure like a speaker's bureau of parents to be presenters and trainers.
- Providing stipends for parents to attend training, special meetings, etc. Payment for time and services puts parents on an equal playing field with their "professional" counterparts who are paid for similar activities.
- Paying parents to be co-presenters at trainings.
- Recognizing/accepting that better outcomes are possible with parent involvement.
- Encouraging candid discussion. Outspoken parents really helped our communication progress.
- Providing refreshments/meals at parent support meetings.
- Involving professionals who already had a background in family-centered practice.
- Attending national conferences which promoted contact with parents from other communities.
- Offering parent-focused training.
- State office pushing for family involvement.
- Having regular family support meetings.
- Families feeling they have a voice; sometimes accomplished through a family advocate.
- Getting information out to families i.e., announcements, articles, etc.
- Exposing family members to things that only professionals are generally exposed to.
- Flexibility.

What Hasn't Worked?

- Having double standard for parents. Sometimes the standards for professionals are not applied to parents. For example, when parents are being paid to do something, they are told that they will be paid rather than asked what they will charge. There seems to be no room for negotiation as there is when professionals are hired to do something.
- Professionals not valuing parents' experience as much as they value experience of other professionals.
- Expecting parents to know business, human service, and advocacy overnight. Parents feel like they are being thrown into the ring. They need an orientation.

What Would You Do Differently?

- Take more time to train and educate families about the system.
- Find out first what people (especially family members) think you should be doing.
- Set reasonable expectations for parent involvement. Give them time to feel comfortable before expecting them to take on big tasks.
- Train agency members to work openly and effectively with parents (Making Room at the Table types of training).
- Get participation from existing family groups rather than create new ones.
- Promote understanding that a System of Care was the goal, not the starting point.

Recommendations

- Make sure parents are included at **every** level of the process.
- Schedule meetings at times when families are more apt to attend (often that means no meetings during usual working hours).
- Use an assessment process to determine where families' strengths are and then have them decide what they want to do.
- Spend time together building relationships. Good relationships will help everyone weather the storms that will inevitably come.
- Let people know you appreciate them and their commitment.
- Equal partners happen as a result of training and substantial involvement. Professionals need to be honest about where they are in the process and openly look at where the partnerships with families are weak and address that. Do not have meetings with only professionals present to talk about families.
- Recognize and validate different perceptions and perspectives.
- Plan how you will bring individuals and communities together.
- Have a TA person and training person from the State develop resources.
- Professionals must be committed to educating parents about the system.
- Understand that advocacy can be a difficult and conflicted role for parents given they often relive the pains they experience with their own child.
- Be sensitive and remember that parents, above all else, are concerned about their children. Many parents are not ready to use words like brain disorder to describe their child.

Building Parent Access, Voice and Ownership

The following checklists can help parents, administrators, service providers, and others evaluate the role parents play in the service planning process. It is a helpful tool to help guarantee that parents have an active role in planning and decision-making.

Organizational Issues

❒ Does the organization include parents in developing evaluation tools?

❒ Does the organization include parent representatives on the governance body with the same voting privileges as other members?

❒ Does the organization include parent input in evaluation processes including staff performance reviews, strategic planning, or other ongoing activities?

❒ Does the organization's budget include a clear line item for parent inclusion activities?

❒ Does the organization assure that parents are included in staff development activities?

❒ Does the organization assure that parents have input into budget development?

❒ Does the organization employ parents as advocates, partners or support people for contact with other parents receiving services?

❒ Does the organization encourage parent attendance at organizational functions such as annual meetings, holiday parties, etc.?

Comments:

Direct Service Issues

❒ Do parents have the opportunity to review and have input into material placed in their files?

- ❒ Do parents have the opportunity to voice their own needs regardless of which services are currently available?

- ❒ Does the organization assure that services are offered around the parent's schedule?

- ❒ Are parents provided with the opportunity to evaluate the effectiveness of interventions for their children?

- ❒ Are parents provided with the opportunity to have contact with other parents of children of special needs?

- ❒ Does the organization assure that the parent has a clear choice in identifying who he or she will work with?

- ❒ Are internal staffings or consultations required to begin with a presentation of the parent's strengths?

- ❒ Does the organization require staff to seek approval to hold meetings to discuss a child and family at which the parents are not present?

- ❒ Do staff record parent satisfaction data as an ongoing part of service documentation?

Comments:

ACCESS TO NEUTRAL FACILITATION

Any Child and Family Team that needs neutral facilitation can request assistance from the Protocol, Training or Coordinated Service Review committees. In case of conflict, the steps of conflict resolution must be followed first.

Adapted from Buncombe County System of Care Teamwork Protocol

Examples of Informal Resources and Supports

The following list includes examples of informal resources and supports that have appeared in service plans in different communities.

Residence

- A Century 21 agent found new housing for a hard-to-please large family.
- Experienced renter on the CFT taught parents how to find the right rental.
- Habitat for Humanity helped a family build a home.
- A family bought a home for $1 under local neighborhood revitalization program, and a community group was enlisted to help the family with home repairs. Some materials were donated and some paid for with a loan through the System of Care.
- A community team set up donation room and food bank for low socioeconomic System of Care families.

Family

- A family without a local extended family joined a church.
- Businesses were successfully approached to donate a frequent flyer ticket to have a far away family member visit a family who was rebuilding itself and in need of additional support.
- A "round robin" letter chain was established to help give written support for a family.
- Estranged family members got meditation assistance from a holistic center.
- A family needing help to identify and negotiate roles and normal boundaries selected a "strong family" to help mentor them to address their needs.

Social/Friends

- A local child care expert helped a single parent learn to barter child care and transportation.
- A teen group from a church helped a youth make friends.
- A family without a social network bought an entertainment coupon book and began asking other families to join them for "2 for 1" meals and activities.
- A single parent joined a dance class and began to attend dances.
- A family in need of friends and outdoor activities began gardening at a local community garden.
- A family joined a bowling league (with child care!).
- A teen who had no friends was helped by a neighbor to define the type of friends she was interested in having and helped her locate where those types of teens hung out.
- A single father too embarrassed to ask a woman for a date was taught how to date.
- Graduate students became mentors to teens for class credit.
- A teen was taught by another teen about how to join clubs at school.

Emotional

- A psychology professor joined a Child and Family Team, helped the family in counseling, and had the family present the System of Care to his students.

- A pastoral counseling center began donating time to System of Care families who needed extra support.
- New Ph.D.s in psychology donated therapy time in order to gain experience and references from a community team.
- An emotionally stable and "successful" neighbor was recruited by a family member as someone to do one-on-one mentoring with the family.
- A graduate student in behavioral psychology donated time to analyze behavioral antecedents in family homes.

Activities/Fun

- A neighbor volunteered to ask local Parks and Recreation for a list of summer activities, and to help enroll and transport a group of siblings.
- A video store ran a promotion to have customers donate used Nintendo Game Boys and cartridges to use for reinforcers for System of Care youth.
- A parent volunteered to serve as staff at a camp to get free tuition for her children.
- A family friend volunteered to learn how to instruct a family's children about how to join groups and have safe, legal fun, then instructed the children.
- A Child and Family Team brainstormed and researched safe and free "hangout" places for teens.
- A wraparound facilitator set up a video exchange between families in the SOC.

Legal

- An attorney donated pro-bono time to a family in need of legal services. The law firm got so much positive feedback from the community team that they began offering pro-bono time to families in the local System of Care process.
- A school teacher organized a youth's peers into a support group to help the youth learn to stay out of trouble.

Educational

- A school social worker trained students to be lunch monitors for a lively SOC child.
- Students set up peer tutoring for SOC youth.
- A local master gardener taught an SOC family about growing food.
- A school counselor recruited a student to help an SOC youth learn to attend school activities without getting into trouble.
- A school teacher formed a gay student support group around a gay SOC youth.
- A substitute teacher donated time to allow a teacher to attend an SOC planning meeting.
- A neighbor volunteered time to support an SOC "wild child" to stay in school.

Cultural

- Staff at a local cultural center were asked to find a culturally appropriate mentor family who spoke the family's language.
- A family friend worked with an SOC teen to research and document cultural roots.
- A neighbor arranged to have a same-culture business person employ an SOC teen.
- A cultural center staff person helped a SOC youth find a big brother.

Financial

- A Child and Family Team member good at budgeting helped an SOC family develop a reasonable budget.
- A Child and Family Team clipped coupons for sale items needed by SOC family.
- An SOC staff person helped set up a clothing exchange for local SOC families.
- A neighbor identified as the "cheapest guy in North Carolina" helped an SOC family find free recreational activities.
- A business leader helped an SOC dad develop a business plan for his fur trapping business.
- A local Kiwanis club donated money for a seed grant to assist an SOC mom and dad in developing their new catering business.
- A Young Mothers Club was formed to help support a pregnant SOC teen who was determined to keep and raise her baby.

Safety

- A local teen group volunteered drop-by visitation time to check on a teen in an independent living apartment.
- A block watch program was enlisted to help look for a runaway teen.
- A neighborhood group helped an SOC family clean a dangerous yard in a rental unit.
- An electrician donated time to rewire unsafe wiring in an old home owned by an SOC grandmother in exchange for business referrals from community team members.

Vocational

- Child and family team member helped an SOC teen learn to find a job.
- An SOC staff person helped establish a local job club among SOC families.
- An SOC staff person helped network with the local Department of Vocational Rehab. to learn how they help employ hard to employ persons.
- A Child and Family Team all volunteered to canvas an area and collect job applications.
- Staff from a local unemployment office agreed to donate special time to an SOC parent who could not seem to hold a job.

This document is an example of one community's implementation of the grant.

Buncombe County

System of Care Teamwork Protocol

OCTOBER 1993

Revised January 2003

The undersigned have reviewed and approved this Protocol for use in their respective agencies:

_____ Dept. of Social Services	_____ Eliada Homes, Inc.
_____ Dept. of Juvenile Justice & Delinquency Prevention	_____ Caring For Children, Inc.
_____ Asheville City Schools	_____ Professional Parenting
_____ Buncombe County Schools	_____ Presbyterian Home
_____ Guardian Ad Litem Program	_____ Lutheran Family Services
_____ WNC Child Advocacy and Prevention Services, Inc.	_____ Children First
_____ Blue Ridge Center	_____ Children's Home Society
_____ Vocational Rehabilitation	_____ Developmental Evaluation Ctr.
_____ NAMI	_____ Health Department
_____ Smart Choices Mentoring Program	_____ FACT
_____ Park Ridge Hospital	_____ Mission - St. Joseph's
_____ WNC Families Can	_____ Blue Ridge Center, DD Services
_____ Omnivisions, Inc.	_____ NAACP/ Asheville Branch
_____ NC Families United	

INDEX (01/03)

SYSTEM OF CARE PHILOSOPHY

System of Care teamwork is a family oriented approach designed to individualize services in accordance with the unique strengths and needs of children with emotional, behavioral or mental health issues. The family identifies members of the Child and Family Team with the goal of 50% family members/family supporters and 50% agency representatives. The team works in a comprehensive and coordinated fashion in the context of their family, school and community to develop an individualized service plan. The plan is strengths based, culturally competent and results in the child's participation in the least restrictive, most normative environment that is appropriate for health and safety.

The System of Care mandates participants to use and/or create coherent policy, plans, evaluations, and programmatic and financial linkages. Development of nontraditional community resources is encouraged.

The System of Care will utilize facilitators/service coordinators to ensure that multiple services are delivered in a coordinated and effective manner in accordance with each child's changing needs. Thus, the System of Care will ensure that children experience smooth transitions between services and placements and eventually into the community as a contributing member.

BACKGROUND

An Interagency Council was organized in 1990 as part of the Robert Woods Johnson project to improve services for severely emotionally disturbed children in Buncombe county. In 1992, the Council identified a need for better coordination and collaboration among agencies who provided services to children and families.

An interagency teamwork survey was distributed to gather input from all agencies. Five action groups examined the survey data and generated ideas for a Protocol at a Work Day for Interagency Collaboration. A subcommittee of the Council and representatives from the Interagency Work Day developed and wrote the first Interagency Teamwork Protocol. The Council approved it in August, 1993.

In 1997, the Protocol committee and Protocol trainers began a process of revising the Protocol to reflect the System of Care teamwork model. The Council changed its name to Community Council for Collaboration to reflect broader community and family collaboration with child and family service agencies and organizations. The System of Care Teamwork Protocol was approved and endorsed by the Council in July, 1998.

In 2000, the community came together to address urgent needs and family supports. The Children's Mental Health Consortium was formed. In 2001, the Children's Collaborative and the Community Council for Collaboration merged. In August 2001, the Consortium adopted the System of Care Protocol. This Protocol is recommended practice for all service providers and families to follow. In August of 2002 the Consortium changed its name to the Children's Collaborative to reflect the scope of its work.

Children's Collaborative

Of Buncombe County

Foundational Elements

MISSION

The Children's Collaborative proactively supports accountability, dialogue, and effective services for children in the child welfare, mental health, education, and juvenile justice systems. The Collaborative is comprised of family members, elected officials, advocates, providers, and agencies.

GUIDING PRINCIPLES

- *Child Centered*
- Family Focused
- Individualized
- Strength Based
- Community based
- Attuned to Safety
- Culturally Responsive and Inclusive
- Encouraging of Family/Provider Partnerships
- Characterized by Commitment and Integrity
- Reflective of Research and Innovation
- Outcome Based
- Collaboration
- Responsive to Community Needs
- Encouraging of Family Support
- Fiscally Responsible

TARGETED POPULATION

A. Children/youth (birth – 18) and their families:

- Who are exposed to biologically based mental illness or to psycho-social risk factors that could inhibit their growth toward positive, healthy development; and
- Who are at risk for out-of-home placement due to community safety, emotional, behavioral, mental health, and child welfare issues; or
- Who are already placed out-of-home and at risk of remaining in the child welfare system without a permanent home.

GOALS

1. Maximize safety and stability for children by strengthening, supporting, and building families in our community.
2. Advocate for placement of children in safe, permanent, and legally secure homes in a timely manner.
3. Increase access to a comprehensive array of appropriate services.
4. Encourage the development of a full partnership with youth and birth, kin, foster, and adoptive families with the Children's Collaborative, community, and participating organizations.
5. Identify and address urgent needs, service gaps, issues, barriers and advocate for systems change.
6. Influence favorably child service systems and related public policy for Buncombe County children.
7. Increase integration of local public and private child, family, and youth service agencies and community organizations into the Children's Collaborative.
8. Continue implementation of the System of Care teamwork protocol, including development and implementation of in-service training for the community about the principles, values, and practices of System of Care.
9. Establish and sustain a governance structure for the Children's Collaborative, including internal performance assessment system and a quality assurance process.
10. Work collaboratively to establish a process to assess performance, provide feedback, and ensure accountability and appropriate action by participating agencies and the Collaborative.

6/02

(Please See Appendix B for Committee Organizational Chart)

COMMITTEE STRUCTURE

There are a variety of committees who are part of the Children's Collaborative. Three of these committees provide the infrastructure for the operation of the System of Care Teamwork Protocol in Buncombe County.

- **Coordinated Service Review Committee** meets twice monthly. Membership of this committee combines Families for Kids Governance and FACT Collaborative, and continues to include Child and Family Teams. Coordinated Service Review will develop QC components to ensure timely review of cases that are referred or selected. Coordinated Service Review will report back to the Steering Committee to address system reform barriers. Coordinated Service Review will increase community participation with the Family Partnership Grant.
- **Protocol Committee** meets quarterly or as needed. Membership of the committee includes direct services staff, supervisory staff, and family members from Children's Collaborative membership. The Protocol committee: 1) reviews recommendations for changes to the Protocol; 2) conducts an annual evaluation of the Protocol and the System of Care teamwork process in Buncombe County; 3) insure neutral facilitators are available to child and family teams in Buncombe County, and 4) conduct an annual supervisor of direct staff meeting.
- **Training Committee** meets quarterly or more often as needed. Membership of the committee includes staff from representative agencies and parents who have been trained as trainers in System of Care teamwork. The trainers conduct training sessions for agency staff and family members on System of Care philosophy, the Protocol and team facilitation skills. Feedback from training sessions is reported to the Steering Committee.

AMENDMENT / EVALUATION OF THE PROTOCOL

Any team member, Child and Family Team, or community stakeholder can suggest changes to the Protocol. Recommendations will be reviewed by the Protocol committee and reported to the Steering Committee for approval. Full revisions of the Protocol will be approved by the Children's Collaborative.

01/03

TEAM COMPOSITION

Team Membership

The family identifies members of the Child and Family Team with the goal of 50% family members/family supporters and 50% agency representatives. Children will attend team meetings when appropriate. Meetings will not take place if the family is not in attendance. The team will consist of the 6-8 persons who care most about the family. There will be no more than 12 members on a team.

child/family	mental health provider
facilitator/service coordinator	private providers
advocates	neighbor
school representative	minister
DSS	relatives
courts	health department

The Child and Family Team should actively assess that only appropriate and relevant persons are included on the team. Other people should cycle off the team as their role changes with the family. Teams have the discretion to include any other individuals who can provide information, support, or guidance for the family.

Families can choose to have a family advocate on their team or at particular team meetings to help present the family perspective. Family members should be encouraged to participate in Protocol/ Team Facilitation Training.

TEAM FACILITATION

Child and Family Teams will be convened as early as possible in the service delivery process. Any concerned person involved with the child and family will convene and facilitate the first team meeting. The process will include a strengths based assessment and family interview and preparation of family and team members prior to or at the first meeting. Thereafter, each individual team determines who will facilitate its team on an on-going basis. The person who initiates the Child and Family Team will work with the family and service providers to ensure that the strengths based assessment occurs. If the strengths based assessment is not done prior to or at the first meeting, the team will decide how to conduct this process prior to the next meeting. Strengths based assessments completed prior to the team formation may be used at the initial meeting and modified at any meeting.

There will be training in team facilitation. The facilitator will be selected from those who have completed that training. Realizing that facilitation of team meetings is critical to the team process, it is the responsibility of the team to change the facilitator when circumstances warrant. The team may also choose to request support from the Protocol trainers.

DUTIES OF TEAM FACILITATOR See Appendix F (Planning Checklist for Team Meetings)

- Conduct strengths based assessment or see that it is done.
- Prepare and educate family and other team members about the process.
- Coordinate date, time, location, and transportation for meeting with family. Notify members.
- Develop a team list with phone numbers and addresses. Update as necessary.
- Convene meeting. Follow strengths based agenda (see page 53).
- Appoint a recorder (Child and Family Team Report and Service Plan) and time keeper.
- Facilitate the meeting: Pace team through agenda. Encourage discussion, problem solving, decision making, and conflict resolution by all members. Keep meeting on task. If facilitator needs to participate or cannot be neutral during a discussion, they will ask another team member to facilitate.
- Ensure that team accesses or develops an individualized service plan (Appendix D) that is strengths based and goal oriented.
- Ensure documentation and distribution of Child and Family Team Report (Appendix C).
- Schedule subsequent team meetings.
- Maintain a team file to include: Protocol, Child and Family Team Report, Individualized Service Plans, confidentiality agreement.
- Ensure confidentiality agreement is current.
- Follow-up contact with absent team members.
- Delegate above responsibilities to team members as necessary.

DUTIES OF CHILD AND FAMILY TEAM MEMBERS

- Participate in development and/or implementation of strengths based, family centered planning.
- Obtain, share and prioritize existing agency service plans.
- Familiarize themselves with child/family history prior to the first team meeting.
- Attend meetings and come prepared to share pertinent information.
- Participate fully in problem solving, decision making, and conflict resolution.
- Carry out assigned tasks.
- Informal ongoing evaluation of team meetings and progress towards goals.
- Access service coordination when child is at greater risk for out of home placement or hospitalization.
- Sign and maintain confidentiality agreement.

SERVICE COORDINATION

Children at immediate risk of out of home placement are in need of a higher level of team coordination. A child is also at high risk when services are not being successfully coordinated and/or delivered due to conflict and the team has completed the conflict resolution process set forth in the Protocol. At this point the team will access "service coordination" as available in the community.

Service coordination is a more formal process. It is a role that continues throughout the team process — before, during and after meetings. Between meetings the service coordinator is still working to ensure that the team process and coordination of family services continues. The service coordinator coaches, encourages and monitors. This role also establishes the agenda for the Child and Family Team meeting by staying in contact with team members between meetings. This role provides intensive case management.

There will be training in service coordination. Both service coordinators and facilitators are encouraged to participate in this training.

ADDITIONAL DUTIES OF SERVICE COORDINATOR

- Coordinates development and implementation of service plan through consistent communication with team members between team meetings.
- Provides intensive case management services.

OTHER TEAMS

Other teams may meet in the community that support and follow the philosophy and guiding principles of System of Care. These may be short term teams involving an agency and family. The community supports these teams. Formal System of Care teams may not always be necessary at the onset of accessing an agency or support system.

School IEP teams are mandated by law. Representation and procedures are very specific. Families can invite anyone to an IEP team to support the family in the process or provide relevant information. IEP meetings and Child and Family Teams should meet at different times to ensure that adequate time is available for both agendas.

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CHILD AND FAMILY TEAM FORMAT

GROUND RULES:

1. Meetings will not take place if the family is not in attendance unless the family specifically authorizes the meeting. Decisions will not be made without the family's approval and participation or unless required by court orders or individual agency policies.
2. Members will attend each meeting or notify the facilitator in advance of absence and arrange for a substitute if the family approves.
3. Meetings will start on time.
4. Meetings will be convened on a regularly scheduled basis and as necessary during crisis/emergencies.
5. Teams will introduce their members and their relationship to the child and family.
6. Teams will clarify the tasks/goals of the team.
7. Teams will strive for input from each member and will value each opinion and contribution.
8. Teams will document each meeting. Agreement and disagreement will be indicated.
9. Teams will hold their members accountable for assigned tasks. Teams will discuss how to do this at their first team meeting.
10. All information shared among team members will be kept confidential per G.S. 7B-3100.
11. Meetings will be held in a neutral, family friendly place and at a time convenient to the family.

AGENDA

Review and agree on ground rules.

Review child/family strengths.

Review current situations and updates.

Develop / review / coordinate service plans.

Clarify strategies and tasks.

Develop/review crisis plan.

Schedule next meeting time and place. 8/01

CHILD AND FAMILY TEAM PLANNING

Teams are responsible for developing or coordinating existing Individualized Service Plans that integrate the strengths and needs of the family. The team is responsible for seeing that the plans reflect strengths based, culturally competent, community based services. Teams will explore, develop and utilize nontraditional as well as traditional resources that are family focused and reflect the least restrictive environment. Teams will integrate all life domains into the Individualized Service Plan (see Appendix I).

In crisis/emergency situations, efforts will be made to contact child and family team members to assist with making decisions around the crisis. Teams will strive to prepare for emergency situations by discussing and developing crisis plans for emergencies by the second meeting.

Teams will meet prior to periodic court reviews to have clarity about the team's position in relation to court matters. If a report is necessary, Child and Family Team Reports, and Individualized Service Plans will be made available for court presentation and could be used as the formal court report. The team will designate a member to present the team's report and recommendations at the court hearing. The team will select a member to prepare the child and family for the court experience.

CULTURAL RESPONSIVENESS

Cultural responsiveness is a core value in a System of Care and integral to the individualized service planning process. Our goal is that service plans are responsive to the cultural and ethnic differences of the individual child and family. This value is applied in the teamwork planning process through the strengths assessment which allows the team to learn about the child and family's unique assets and ecology prior to planning and delivering services. The incorporation of cultural responsiveness into the assessment of strengths means that efforts are made to learn about cultural and ethnic issues that impact the child and family and to understand and respect their values. The cultural and ethnic values and assets are identified and guide the development of the service plan. A service plan that is individualized and informed by the child and family strengths assessment is a service plan that will be culturally responsive.

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DECISION MAKING

IMPORTANT VALUES IN EFFECTIVE DECISION MAKING:

1. All opinions are valuable.
2. Team members actively participate and share their viewpoints and strategies.
3. Team members actively listen to each other.
4. Team members speak honestly and openly.
5. Team members respect the knowledge of individual team members.
6. Team members are open-minded.

PROCESS OF DECISION MAKING:

All teams will strive to make decisions using a consensus model (Appendix B). When a consensus cannot be reached, i.e. if any member of the team chooses option 5, teams will follow steps in conflict resolution. Decisions will not be made without the family's approval and participation. The family has the final decision in prioritizing goals, needs and strategies.

Child and Family Team decisions cannot supersede court orders or individual agency policies. However, in such situations, every effort will be made to seek input and recommendations from the Child and Family Team.

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CONFLICT RESOLUTION PROCESS

CHILD AND FAMILY TEAMS

VALUES:

- Conflict can be helpful.
- Teams will strive to manage conflict in an open and constructive manner.
- Conflict suggests a need to step back and look at the broader perspective.

STEPS IN CONFLICT RESOLUTION:

1. Work together as a team to manage and seek resolution to the conflict by acknowledging the conflict, clarifying the nature of the problem, and discussing different points of view.
2. If resolution cannot be achieved, stop the meeting and reconvene later. This will provide a cooling off period and will allow team members to consult with supervisors and/or family advocates and look at the broader perspective.
3. If necessary, team agrees to ask supervisors and/or family support group representatives to attend a team meeting to clarify concerns. Team members are responsible for communicating to supervisors or family advocates prior to the meeting and communicating back to the facilitator. Families and teams will be aware of agency grievance processes. If a team member from an agency needs to invite a supervisor, let other supervisors at other agencies know this. Do not cancel meetings because all supervisors cannot attend.
4. Team requests a family identified, mutually agreed upon neutral facilitator trained in the System of Care Teamwork Protocol.
5. Team requests review of the case by the Coordinated Service Review or Protocol committees.
6. Court when appropriate and only as a last resort.

   Teams will pursue all steps in order. The facilitator/service coordinator is responsible for ensuring that steps 1 - 3 have been followed prior to requesting mediation. If conflict is still not resolved, teams need to complete and submit a Request for Facilitation/Review (Appendix G) to the family identified neutral facilitator. Neutral facilitation must occur prior to a request for a review by the Coordinated Service Review or Protocol committees. The facilitator/service coordinator must notify all team members of scheduled dates and plans for review. Court will be used as a last resort.

   If a court date is imminent and the conflict is unresolved, the team will present the results of the case mediation/review and the minutes of the most recent team meeting to the Court that: (a) state the opposing / conflicting views of team members, or (b) state that the team needs more time for problem solving.

Children's Collaborative

Of Buncombe County

APPENDIX A: GUIDING PRINCIPLES

All provided services and supports are:

Child Centered…
and provided in the best interests of the child to ensure that the physical, emotional, educational, and spiritual needs of the child are being met.

Family Focused…
and based on the strengths and needs of the entire family. The child is viewed as part of the whole family system. However, families with children with mental health concerns are often vulnerable and community support can play a critical role in providing security and permanence.

Individualized…
to the unique situation, strengths, and needs of each child and family. Flexible funding sources to support individualization are encouraged.

Strength Based…
by identifying and using the assets of the child, family, and community.

Community Based…
and provided in the home community of the child and family whenever possible.

Attuned to Safety…
of the child, family, and community, at both an emotional and physical level. Services and support are developed to best ensure an adequate assessment of risk and to reduce the emotional and physical risks for all of those involved.

Culturally Responsive and Inclusive…
and reflect the unique values and practices of the child and family, including issues of ethnicity, family structures, communities, and spiritual preferences. The diversity of the community in the Consortium membership, including family representation, will be reflected.

Encouraging of Family/Provider Partnerships…
with all interactions between families and providers conducted in a respectful, "no blame-no shame" manner. Children and families have a legitimate say in all aspects of their services and supports, as well as role in community planning activities.

Characterized by Commitment and Integrity…
and the appreciation that change is sometimes very difficult to achieve. Members of the Consortium commit to a mutual process of persistence in the development of services and support and agree to modify a plan when needed, instead of rejecting the child and family. Further, it is understood that individuals, providers, and community-level relationships are all interactions deserving of respect by honoring follow-through, honesty, and persistence.

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Reflective of Research and Innovation…
with an emphasis on excellence, best practices, and creative solutions as guides in program developments.

Outcome Based…
with clear accountability, within a prescribed timeframe, and with an emphasis on measurable results.

Provided in Collaboration…
between agencies, schools advocates, funders, community resources, and families in order to build effective services and supports for children with mental health needs. Whenever the needs of children and families go beyond what any one entity can provide, the community will work together to meet those needs.

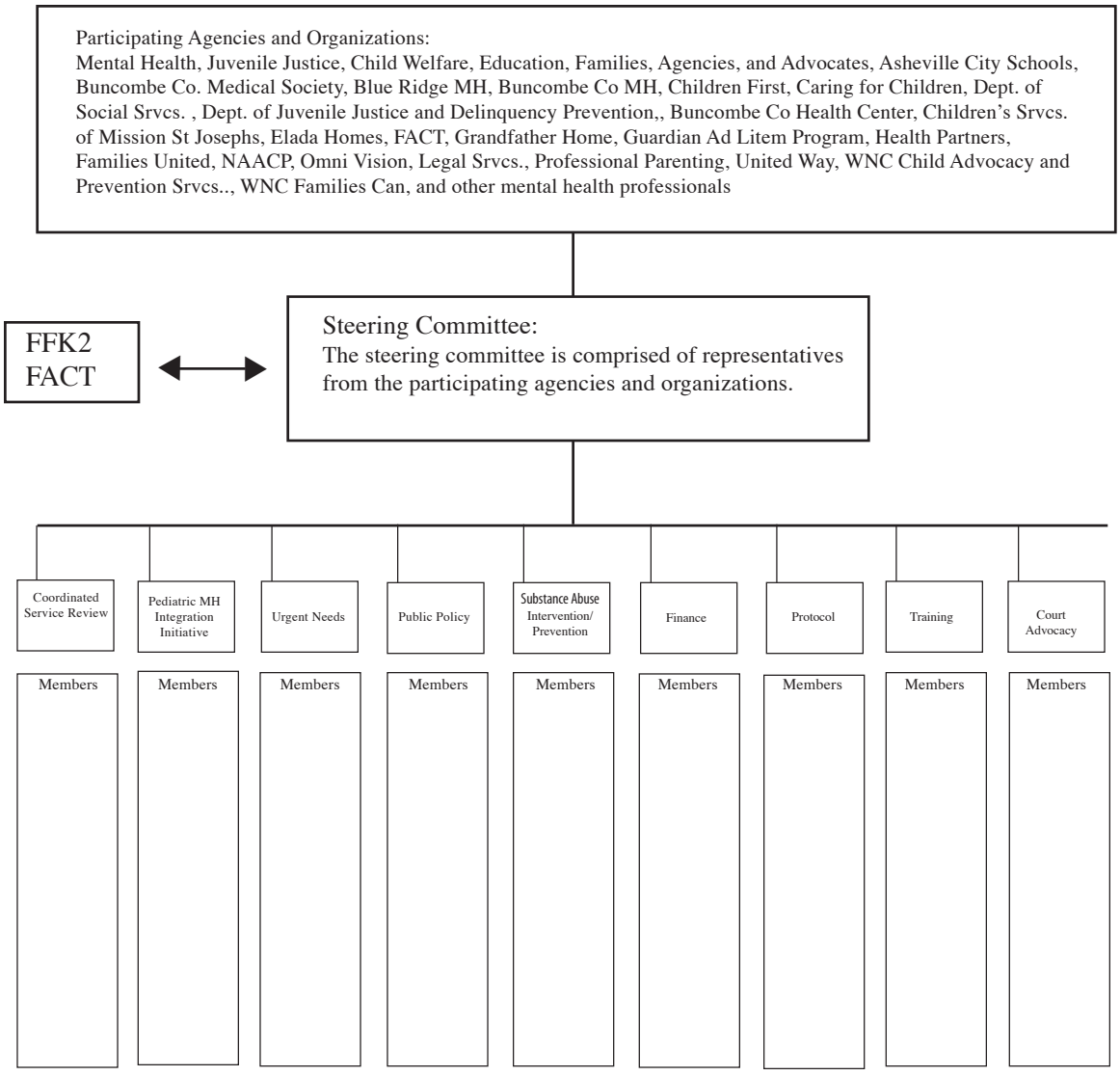
Responsive to Community Needs…
through the identification of emerging needs and the documentation of trends in services and programs to meet those needs.

Encouraging of Family Support…
via informal/nontraditional resources and an appreciation of the important of diverse support resources. Building and strengthening both family support networks and informal/ nontraditional resources is essential.

Fiscally Responsible…
and reflect a commitment to a cost-effective stewardship of limited community resources.

APPENDIX B

CHILDREN'S COLLABORATIVE OF BUNCOMBE COUNTY



APPENDIX C

CONSENSUS MODEL OF DECISION MAKING

1. I can say an unqualified "yes" to the decision. I am satisfied that the decision is an expression of the wisdom of the group.

2. I find the decision perfectly acceptable.

3. I can live with the decision; I'm not especially enthusiastic about it.

4. I do not fully agree with the decision and need to register my view about it. However, I do not choose to block the decision. I am willing to support the decision because I trust the wisdom of the group.

5. I do not agree with the decision and feel the need to stand in the way of this decision being accepted.

From Barbara Davis, Mediation Center
Attributed to Dee Kelsey

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APPENDIX D

CHILD AND FAMILY TEAM MEETING REPORT

PLEASE COMPLETE AT EACH TEAM MEETING

Name: _____ Date: _____

Members Present: _____

Members Absent: _____

Number Family/Support: _____

Number Agency: _____

Facilitator: _____ Recorder:_____

Crisis Plan:

Current Situation/Updates:

1/03

CHILD AND FAMILY TEAM MEETING REPORT
INDIVIDUALIZED SERVICE PLAN REVIEW/UPDATE FORM

Were all strategies from the last meeting completed? Yes ____ No ____

Which strategies were successful?

Which strategies need to be changed?

List new and amended strategies (who does what by when):

What?	Who?	When?

Next Meeting Date/Time/Location: _____

Signature of Team Members in Agreement:

_____
_____
_____
_____
_____
_____
_____

Signature of Team Members in Disagreement. Please also state concerns.

_____
_____
_____
_____
_____
_____
_____

APPENDIX E

INDIVIDUALIZED SERVICE PLAN

CHILD / FAMILY NAME: _____

GOAL (S): 1.

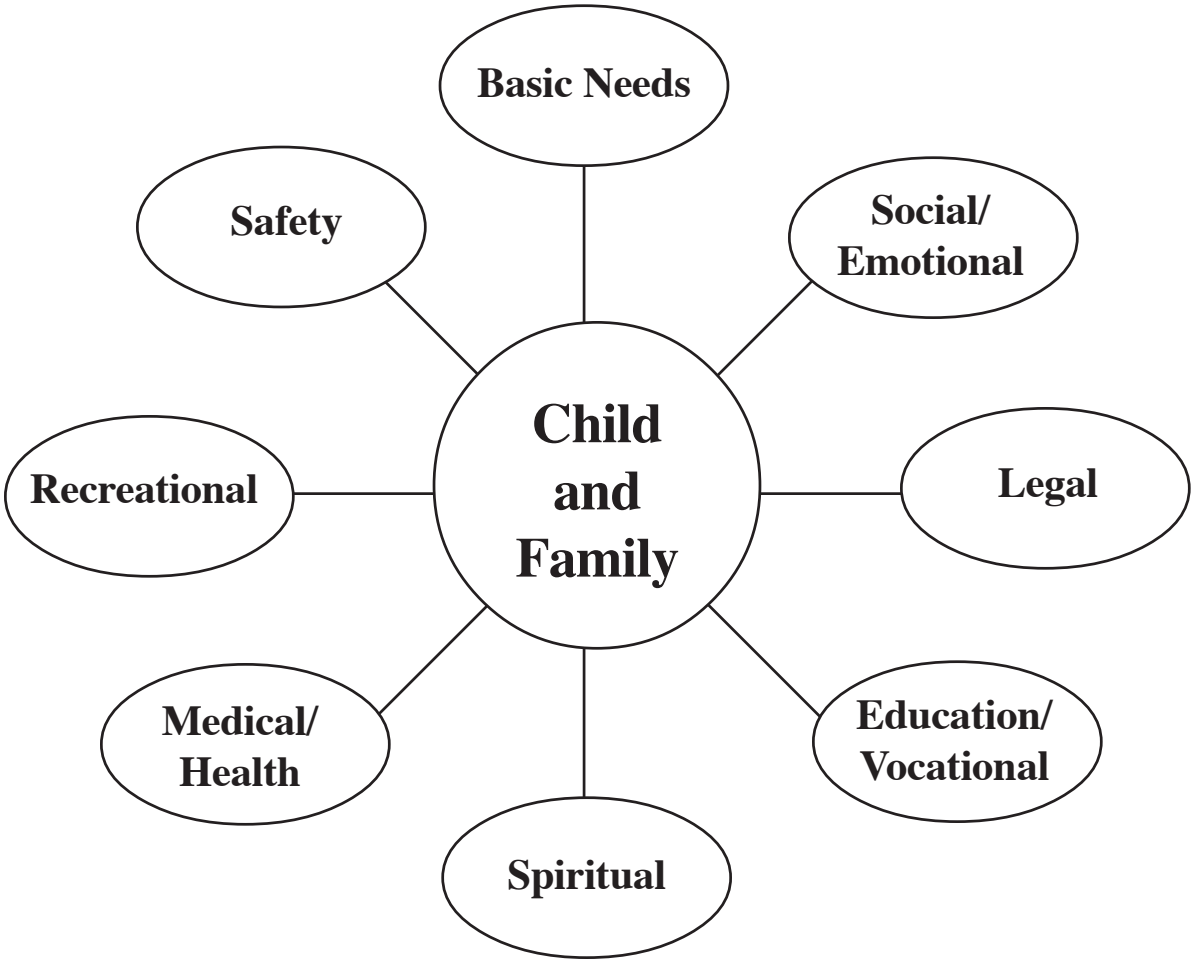
2.

3.

Date	Objectives	Needs/Barriers/Problems	STRATEGIES (who does what by when)

APPENDIX F

LIFE DOMAINS
FAMILY, SCHOOL AND COMMUNITY



APPENDIX G

PLANNING CHECKLIST FOR TEAM MEETINGS

_____ Strengths based assessment done.

_____ Confidentiality statement signed by all members.

_____ Date, time, and place finalized.

_____ Contact family, remind of meeting, prepare and help them understand what will happen at the meeting.

_____ Encourage family to bring community support person(s) to meeting.

_____ Transportation for family.

_____ Remind all team members of meeting. Ask for agenda input. Check on assignments.

_____ Bring the mobile team file that includes: planning checklist for team meetings, copy of latest Protocol, copies of Child and Family Team Meeting Reports, confidentiality agreement and Service Plan(s).

_____ Remind members to come prepared to share family accomplishments since last meeting.

_____ Review of previous minutes.

_____ List tentative agenda.

_____ Bring items for recording and posting input/decisions: flip chart paper, tape, markers, etc.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

APPENDIX H

REQUEST FOR CASE FACILITATION/REVIEW (page 1)

Child and Family Teams

Process:

1. Follow steps 1 -3 in the conflict resolution process.
2. If conflict is still not resolved, the team needs to complete this request form.
3. Team Facilitator submits request to family identified, mutually agreed upon neutral facilitator trained in the System of Care Teamwork Protocol.
4. Facilitator meets with the team and facilitates the team meeting(s).
5. Facilitator completes results form and submits to team and the Protocol /CSR committee.
6. If conflict is still not resolved, a case review is scheduled with the Protocol/CSR committee. The Team Facilitator notifies all team members.

Generic Client Code:____/____/____ _____ ___ ___ / ___ ___ / ___

(First 3 letters of last name) (First letter of first name) (Date of birth)

Team Facilitator:

Name _____ Relationship to Child _____

Members on Child and Family Team:

Name	**Relationship to Child/Family**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REQUEST FOR CASE FACILITATION/REVIEW (page 2)

Brief Case History:

Current Plan:

Issues and Barriers Precipitating Request for Facilitation/Review:

Purpose of Facilitation/Review:

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RESULTS OF CASE FACILITATION/REVIEW

Name of Neutral Facilitator:_____ Date of Facilitation:_____

Results of Facilitation:

Date of Protocol /CSR Committee Review: _____

Results of Protocol / CSR Committee Review:

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APPENDIX I

ROLE OF PARENTS ON CHILD AND FAMILY TEAMS

Birth and foster families working together present the best possible scenario. However, we recognize that traditionally we have not adopted/encouraged such a model. So we are faced with the challenge of retraining those in the system and restructuring how we train those who come into the system henceforth. To effectively meet this challenge we must recognize that there are some inherent conflicts in these relationships we will need to address.

In view of that we recommend the following:

1. The issue must be addressed. Early in the process, Child and Family Teams should define the role of both the birth parents and the foster care providers in the team process. Every team member should have the same understanding of these roles.

   The Child and Family Team should designate which team member is responsible for discussing the team concept with birth and foster families. The person should explore with both families their comfort level in terms of working jointly within the team context and should work to prepare them for the issues that may arise.

2. Even with the cases slated for termination of parents' rights, involvement of the birth parents on Child and Family Teams is fundamental to the concept of developing and planning for the child/family. These families should be invited to participate until the TPR process is completed unless child safety is a concern. In cases where birth parents do not participate after diligent efforts to include them, teams should continue without them. Minutes might be shared with the birth parents.

3. By the same token, the information available through those individuals providing direct care to the child is crucial to effective planning and implementation. The agency supervising the placement is expected to explore a vehicle for insuring the team has this information in those situations where the foster care provider will not attend the team meetings.

4. In the recruitment/training/support services to foster care providers, agencies should incorporate the value of working as members of Child and Family Teams, which will include the birth families. We need to sensitize foster care providers to the potential issues that will arise as a result of their direct work with birth parents.

5. Neither foster or birth family members will facilitate teams. Foster and birth family members will be encouraged to attend Protocol training in team facilitation.

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APPENDIX J

CHILD AND FAMILY TEAM MEMBERS CONFIDENTIALITY AGREEMENT

I, as a member of a Child and Family Team in Buncombe county, understand that confidentiality of identifiable information shall be maintained according to Part V, Privacy Act of 1974 and the Revised Statutes on Confidentiality: G.S. 122C-51 - 122C-56 and G.S. 7B-3100. I understand that authorization to share and receive information ends with departure from the Child and Family Team.

In signing below, we agree to hold confidential what is shared within the Child and Family Team.

Signature/Relationship to Child	Entry Date	Exit Date